

Emergency Contact Information

Athlete's Name: _____

Phone Number: _____ Cell Phone: _____

Parents Names: _____

Allergies or Medical Conditions:

Other contact if parents cannot be reached:

Name: _____

Phone: _____

Medical Release Form (Medical Consent and Release)

-Read and sign below-

I certify that my child is in good physical health and has my permission to participate in all the activities associated with Schools Sports Camp.

I authorize the directors of the camp to act in their best judgment in any emergency requiring medical attention. I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child if I am unable to be reached in an emergency.

I understand that neither School, the camp directors, nor anyone else connected with the camp assumes any responsibility for accidents (medical or dental) or other injuries incurred as a result of attendance at this camp.

I will furnish insurance for my child.

Parent / Legal Guardian

Date